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RECIPIENT INFORMATION	SENDER INFORMATION
To: Examiner A. Marschel Gr. 1631	From: Malcolm K. McGowan, Ph.D.
Voice Tel. No.: 703 308 3894	Voice Tel. No.: 703 838 6630
Fax Tel. No.: 703 308 8724	Sent By: Sally Dankers (703 838 6629)
Your Ref.: 08/477,316	Our Ref.: 028723-060
	Total Pages (Incl. Cover Page): 10

RE:**MESSAGE:**

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(BDSM 08/01)

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Patent
Attorney's Docket No. 028723-060

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
)
GRAY et al) Group Art Unit: 1631
)
Application No.: 08/477,316) Examiner: A. Marschel
)
Filed: June 7, 1995)
)
For: CHROMOSOME-SPECIFIC STAINING)
)
)
)

*FAX received
AM, 8-27-01*

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☐ Also enclosed is _____
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$355.00 (279) ☐ \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.

(7/01)

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Amendment/Reply Transmittal Letter
Application No. 08/477,316
Attorney's Docket No. 028723-060
Page 2

☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	13	MINUS =		× \$18.00 (103) =	
Independent Claims	3	MINUS =		× \$80.00 (102) =	
If Amendment adds multiple dependent claims, add \$270.00 (104)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

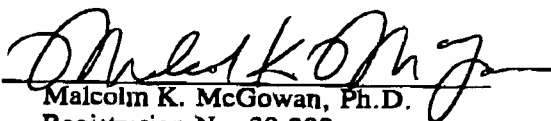
☐ A claim fee in the amount of \$ _____ is enclosed.

☐ Charge \$ _____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 
Malcolm K. McGowan, Ph.D.
Registration No. 39,300

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